

Taxpayer Identification Number Request

State of Indiana



DO NOT send to IRS

Print or Type		Return to address below
Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE		
Trade Name Complete only if doing business as (D/B/A)		
Remit Address		
Purchase Order Address - Optional		
Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below: (SSN = Social Security Number, EIN = Employer Identification Number)		SSN or EIN must be for legal name above.
<input type="checkbox"/> Individual (Individual's SSN) _____ - _____ - _____.		
<input type="checkbox"/> Sole Proprietorship (Owner's SSN or Business EIN) SSN _____ - _____ - _____. EIN _____ - _____ - _____.		
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnership's EIN) _____ - _____ - _____.		
<input type="checkbox"/> Estate / Trust (Legal Entity's EIN) _____ - _____ - _____. Note: Show the name and number of the legal trust, or estate, not personal representatives.		
<input type="checkbox"/> Other (Limited Liability Company, Joint Venture, Club etc) (Entity's EIN) _____ - _____ - _____.		
<input type="checkbox"/> Corporation Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No (Corp's EIN) _____ - _____ - _____.		
<input type="checkbox"/> Government (or Government operated entity) (Entity's EIN) _____ - _____ - _____.		
<input type="checkbox"/> Organization Exempt from Tax under Section 501(a) (Org's EIN) _____ - _____ - _____. Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Check here if you do not have a SSN or EIN but have applied for one.		
Under penalties of perjury. I certify that: (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.) CERTIFICATION INSTRUCTIONS - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.		
THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.		
I am a U.S. person (including a U.S. resident alien).		
NAME (Print or Type) _____		TITLE _____
AUTHORIZED SIGNATURE _____		DATE _____ PHONE _____
Agency _____ Agency use only 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by: _____		



FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name: _____ **Submitted on:** _____

Provider Contact Person: _____ **Telephone:** (____) _____

FAX Number: (____) _____ **Email Address:** _____

Provider's Legal Name: _____

Provider's d/b/a Name: _____
(doing business as)

Provider's FID/EIN/SSN: _____ **NOTE:** SSN may only be used if the legal name above is an individual's name.

Provider's Legal Status: _____ Individual/Sole Proprietor
_____ Corporation Indicate ____ For-Profit ____ Nonprofit
_____ Government Indicate ____ Federal ____ State ____ County ____ City ____ Town ____ Township ____ Other
_____ Limited Liability Company
_____ Partnership Is it a LLP? ____ Yes ____ No
List all partners: _____
_____ School Corp. Indicate list # as assigned by the Dept. of Education # _____

Director/Manager: **Name:** _____ **Title:** _____

Office/Street Address: **Street:** _____ **County:** _____
(Main Location) **City:** _____ **State:** _____ **Zip Code:** _____
(Not P.O. Box) **Confidential Address?** ____ Yes ____ No **Internet Addr:** _____
Phone#: (____) _____ **Phone#:** (____) _____
Fax#: (____) _____ **Toll-Free#:** (____) _____

Mailing Address: **Street/POB:** _____
City: _____ **State:** _____ **Zip Code:** _____

Claims Payment Addr: **Street:** _____
City: _____ **State:** _____ **Zip Code:** _____

This address is where checks will be mailed.
EVERYONE MUST attach a W9 Form reflecting
this address regardless of legal status.

How frequently do you wish to claim for reimbursement? ____ Monthly - 12 claims ____ Semi-Monthly - 24 claims

Term of Contract Requested: _____

County(ies) for which Contract will be providing services. **Circle all that apply.**

01 ADAMS	13 CRAWFORD	25 FULTON	37 JASPER	49 MARION	61 PARKE	73 SHELBY	85 WABASH
02 ALLEN	14 DAVIESS	26 GIBSON	38 JAY	50 MARSHALL	62 PERRY	74 SPENCER	86 WARREN
03 BARTHOLOMEW	15 DEARBORN	27 GRANT	39 JEFFERSON	51 MARTIN	63 PIKE	75 STARKE	87 WARRICK
04 BENTON	16 DECATUR	28 GREENE	40 JENNINGS	52 MIAMI	64 PORTER	76 STEUBEN	88 WASHINGTON
05 BLACKFORD	17 DEKALB	29 HAMILTON	41 JOHNSON	53 MONROE	65 POSEY	77 SULLIVAN	89 WAYNE
06 BOONE	18 DELAWARE	30 HANCOCK	42 KNOX	54 MONTGOMERY	66 PULASKI	78 SWITZERLAND	90 WELLS
07 BROWN	19 DUBOIS	31 HARRISON	43 KOSCIUSKO	55 MORGAN	67 PUTNAM	79 TIPPECANOE	91 WHITE
08 CARROLL	20 ELKHART	32 HENDRICKS	44 LAGRANGE	56 NEWTON	68 RANDOLPH	80 TIPTON	92 WHITLEY
09 CASS	21 FAYETTE	33 HENRY	45 LAKE	57 NOBLE	69 RIPLEY	81 UNION	99 OUT OF STATE
10 CLARK	22 FLOYD	34 HOWARD	46 LAPORTE	58 OHIO	70 RUSH	82 VANDERBURGH	
11 CLAY	23 FOUNTAIN	35 HUNTINGTON	47 LAWRENCE	59 ORANGE	71 SAINT JOSEPH	83 VERMILLION	
12 CLINTON	24 FRANKLIN	36 JACKSON	48 MADISON	60 OWEN	72 SCOTT	84 VIGO	____ Statewide

Is this a female-owned business? ____ Yes ____ No

Is this a minority-owned* business? ____ Yes ____ No ____% Is there minority participation**? ____ Yes ____ No ____%

*If minority ownership amounts to 51% or more of the company, answer 'yes' and enter 100%.

**If not minority-owned, enter % of minority participation.

Name/Title of persons authorized to sign legal documents and contracts.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____